Name in Full

Certificate of Death

Philip Brosenne

Died at Town: Doughoregan County: Howard MARYLAND

Date 1904 Month: aug Day: 4 Age Y. 4 M. 8 D. 1 Native of Md ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Christian Brosenne

Mother's Name Margaret Brosenne

Cause of Death: Primary Apendicitis — How long sick 3 days

Immediate Perforation — ~~Accident, Suicide, Homicide~~

Reported by Benj. F. Shipley, M D

Address Alpha Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Catherine Campbell Burke

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Ellicott City — County: Howard

Date of death: Month: 1904 Aug. — Day: 24th — Years: Age — — Months: 2 — Days: 20

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — .

Where Residing if not at place of death: Ellicott City, Md.

Married, Single or Widowed

Name of Wife or Husband

Father's Name: Martin F. Burke. — Father's Birthplace: Md.

Mother's Maiden Name: Hattie Burke. — Mother's Birthplace: Md.

Name of person giving In formation: Martin F. Burke. — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ileo-colitis — How long: 23 days

Immediate: Exhaustion. — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. E. Owings M.D.

Address: Ellicott City, Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Alexander Crawford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City — County: Howard

Date of death: Month: Aug. — Day: 17 — 1904

Age: Years: 1 — Months: 2 — Days: —

Sex: Male — Color or Race: Colord — Birthplace: Md.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: not Known — Father's Birthplace: —

Mother's Maiden Name: Rosa Crawford — Mother's Birthplace: Md.

Name of person giving information: George Crawford — How related to deceased: Grand Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus. — How long: 9

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Stephen Dillsinger Son

Address: Undertakers Ellicott City Md.

Accident or Suicide?

LIBRARY BUREAU A46516

Name In Full

Certificate of Death

Vila Ann Cross.

Died at Town: Mount View County: Howard MARYLAND

Date 1904 Month: aug Day: 7 | Age Y.: 1 M.: D.: | Native of: Md | ~~Occupation~~:

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ — ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name: Harry L. Cross Mother's Maiden Name: Eva Ridgely

Cause of Death — Primary: intestinal catarrh — How long sick: 2 weeks

Immediate: inanition

~~Accident, Suicide, Homicide~~

Reported by: Benj. F. Shipley Md

Address: altha Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808

Name in Full: Thomas Eston

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mayfield; County: Howard

Date of death 1904: Month: Aug; Day: 30th

Age: Years: 78; Months: 4; Days:

Sex: Male; Color or Race: White; Birthplace: Montgomery

Married, Single or Widowed: married; Occupation: Mill Digger

Name of Wife or Husband: Elizabeth Easton

Father's Name: Hilery Easton; Father's Birthplace: Montgomery

Mother's Maiden Name: Catherine Murphey; Mother's Birthplace: Montgomery

Name of person giving Information: ; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis

Immediate: "

How long:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Mrs Frances Aug 30

Address: J. M. Webb M.D.

Accident or Suicide?

LIBRARY BUREAU A66S10

Name in Full: Thomas Gour

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Dayton — County: Howard

Date of death 1904: Month: Aug — Day: 28

Age: Years: — Months: 4 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: Daniel Gour — Father's Birthplace: Md

Mother's Maiden Name: Laura Shipperd — Mother's Birthplace: Md

Name of person giving Information: L A Nichols — How related to deceased: Physician

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis Cholera Infantum — How long: 2 Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: L A Nichols

Address: Dayton Md

Accident or Suicide?

LIBRARY BUREAU A88516

me
ill

Lelia Alverta Harden

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: — County: Howard

Date of death 1904 — Month: Aug — Day: Tuesday — Years: Age 16 Weeks — Months: 3 — Days: 28

Sex: Female — Color or Race: Colored — Birthplace: Balto Md

Occupation: — Where Residing if not at place of death: Howard Co

Married, Single or Widowed: — Name or Wife or Husband:

Father's Name: Dennis Harden — Father's Birthplace: Howard Co

Mother's Maiden Name: Alice Prather — Mother's Birthplace: " "

Name of person giving information: " — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis — How long: 3 or 4 mos

Immediate: Exhaustion — How long: 1 mo

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Lattimer MD

Address: Savage Md

Accident or Suicide? Natural

LIBRARY BUREAU Ass'ns

Name in Full: Caroline Lee Harman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died near Eek Ridge — Town

Howard — County

Date of death 1904 — Month: August — Day: 26th — Age: Years — Months: 6 — Days: 1

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband: —

Father's Name: James E. Harman — Father's Birthplace: Maryland

Mother's Maiden Name: Florence Gill — Mother's Birthplace: Maryland

Name of person giving Imformation: James E. Harman — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero Colitis — How long: 6 weeks

Immediate: Inanition — How long: 3 wks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. R. Earickson

Address: Eek Ridge Md

Accident or Suicide?

LIBRARY BUREAU A8581S

Name in Full: Charles Heanson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ellicott — County: Howard

Date of death: Month: Aug — Day: 8 — 1904

Age — Years: 31 — Months: — Days: —

Sex: Male

Color or Race: Colored

Birthplace: Maryland

Occupation: Labor

Where Residing if not at place of death: Ellicott City

Married, Single or Widowed: Widowed

Name of Wife or Husband:

Father's Name: Nichlas Henson

Father's Birthplace: Maryland

Mother's Maiden Name: Martha Henson

Mother's Birthplace: "

Name of person giving Information: Samuel Henson

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tubercals — How long: 2 months

Immediate: Expansion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John F. Manger

Address: Ellicott City

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Hobbs

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Clarksville; County: Howard

Date of death 190 4: Month: Aug; Day: 14; Age: Years: ; Months: 3; Days:

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: ; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Alpheus Hobbs; Father's Birthplace: Md

Mother's Maiden Name: Jane Williams; Mother's Birthplace: Md

Name of person giving information: S A Nichols; How related to deceased: Physician

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis; How long: 3 months

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S A Nichols

Address: Howard Co Md

Dayton

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Edward J. Rosenthan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City; County: Howard Co

Date of death 1910: Month: May; Day: 5th; Age: Years: 39; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Baltimore

Married, Single or Widowed: —; Occupation: Butcher

Name of Wife or Husband: —

Father's Name: Rosenthan; Father's Birthplace: Germany

Mother's Maiden Name: C. Rosenthan; Mother's Birthplace: Germany

Name of person giving information: C. H. McCormick; How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption; How long: 2 Y

Immediate: —; How long: —

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: C. H. McCormick

Address: 529 W. Lombard St

Undertaker

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A28516

Name In Full

Certificate of Death

Mabel Lincoln

Died at Town: Mount View County: Howard MARYLAND

Date 1904 Month: aug Day: 22 | Age Y.: 15 M.: 6 D.: 24 | Native of: md | Occupation: none

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children living~~

~~Husband~~ Wife of

Father's Name: Alfred E Lincoln Mother's Maiden Name: Leanna M Nellson

Cause of Death: Primary: Pulmonary Tuberculosis — How long sick: 1 yr

Immediate: Systemic exanstion — ~~Accident, Suicide, Homicide~~

Reported by: Dr Benj F Shipley M D

Address: Alpha Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full: Joseph E Lowman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City — County: Howard Co

Date of death: Month: Aug — Day: 16 — 1904 — Years: 8 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: Ellicott City

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: George W Lowman — Father's Birthplace: Maryland

Mother's Maiden Name: Mary A Lowman — Mother's Birthplace: Maryland

Name of person giving information: George W Lowman — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 13 days

Immediate: Heart failure — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B F Byrne

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Mary A Massey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hanover; County: Howard

Date of death 1904: Month: 8; Day: 20; Age: Years: 63; Months: ; Days:

Sex: Female; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Married; Occupation: Housewife

Name of Wife or Husband: X

Father's Name: X; Father's Birthplace:

Mother's Maiden Name: X; Mother's Birthplace:

Name of person giving information: Joseph Massey; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer; How long: 2 Years

Immediate: Exhaustion; How long: 7 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H Tongue

Address: Elkridge Md

Accident or Suicide?

LIBRARY BUREAU AD9516

Name in Full: Adalbert Moeser

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Howard County; County: —

Date of death: 1904 August 25th

Age: Years 63; Months 6; Days —

Sex: M

Color or Race: White

Birthplace: Bohemia, Prague

Occupation: Brewmester

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Don't Know

Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know

Mother's Birthplace: Don't Know

Name of person giving Information: Rev. V. Vaněk

How related to deceased: no relation

CAUSES OF DEATH

Primary: Apoplexy

How long: Sudden

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno M Bloomer M.D

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: William H. Morris

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highland — County: Howard

Date of death 190 4 — Month: Aug — Day: 18 — Age: Years 63 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Widower — Occupation: Builder

Name of Wife or Husband:

Father's Name: Robert Morris — Father's Birthplace: Pa

Mother's Maiden Name: Hilling — Mother's Birthplace: Md

Name of person giving information: T. Guy. Nicholson — How related to deceased: Stepson

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart Disease — How long: 3 Month

Immediate: Effusion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. A. Nicholson

Address: Dayton Howard Co Md

Accident or Suicide?

LIBRARY BUREAU A86316

Name in Full

Certificate of Death

Thomas Nellson

Died at Woodstock (Town) Howard (County) MARYLAND

Date 1904 Month Aug Day 28 | Age Y. 1 M. 8 D. | Native of md | Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

Female Colored Single ~~Widower~~ ~~Number of children~~ living

~~Husband~~ of

Wife

Father's Name Frank Reynolds

Mother's Maiden Name Mary Nellson

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: 1 yr

Immediate: Cystitis Examination — ~~Accident Suicide Homicide~~

Reported by Benj. F. Shipley

Address Woodstock Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Mrs Elizer S. Sally Ridgely.

Died at Town: Glenwood County: Howard Co — MARYLAND

Date 1904 Month: May Day: 21st | Age Y. 75 M. 5 D. 2 | Native of: Virginia | Occupation: House wife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~

Number of children living one

Husband / Wife of Thomas R. Ridgely.

Father's Name: Dennis Sally

Mother's Name: Mary A. Thom. ?t Sally.

Cause of Death — Primary: Gastro Enteritis (106) — How long sick: six two days.

Immediate: Fainting & Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by J Walter Sill M. D.

Address Glenwood Howard Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full: John Robey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Alberton — County: Harford

Date of death 1904 — Month: Aug — Day: 11 — Age: Years — Months: 3 — Days: 0

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: Alberton. Md

Married, Single or Widowed — Name of Wife or Husband: —

Father's Name: John Robey — Father's Birthplace: Md

Mother's Maiden Name: Della Mead — Mother's Birthplace: Md.

Name of person giving information: Richard T. Meal — How related to deceased: Uncle.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: 1 month

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Lt. Jennings M.D.

Address: Elkton city

Accident or Suicide? Not Reported

Jno. H. Craig M.D.

LIBRARY BUREAU A88516

Name in Full: Stanley Boyd Silbereisen

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Elk Ridge — County: Howard

Date of death 1904 — Month: August — Day: 17 — Age — Years: — Months: 9 — Days: 23

Sex: Male — Color or Race: White — Birthplace: Elk Ridge

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Louis Silbereisen — Father's Birthplace: Maryland

Mother's Maiden Name: Adela May Crooks — Mother's Birthplace: Maryland

Name of person giving Imformation: L. Silbereisen — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus, Entero Colitis — How long: 2 months

Immediate: Inanition — How long: 1 month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm R. Eareckson

Address: Elk Ridge

~~Accident or Suicide?~~

LIBRARY BUREAU A88318

Name in Full

John Black

Certificate of Death

Died at Town: Mount View County: Howard MARYLAND

Date 1904 Month: aug Day: 13th Age: Y. 61 M. 2 D. 7

Native of: Md Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband of Wife~~

Father's Name: Abner Black

Mother's Maiden Name: Martha Saffell

Cause of Death — Primary: Mitral disease & Nephritis — How long sick: 2 yrs

Immediate: Oedema of Lungs — ~~Accident, Suicide, Homicide~~

Reported by: Benj. F. Shipley M. D

Address: Elkridge Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Wm. A. Smallwood

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elkton City; County: Cecil

Date of death: Month: Aug; Day: 2; 1904; Age: Years: 68; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Maryland

Occupation: Farmer; Where Residing if not at place of death: Elkton City

Married, Single or Widowed: Married; Name of Wife or Husband: Margret E. Smallwood

Father's Name: Charles Smallwood; Father's Birthplace: Prince George Co.

Mother's Maiden Name: Henretta Smallwood; Mother's Birthplace: " "

Name of person giving information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion of Brain; How long: Sudden

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm. H. B. Rogers M.D.

Address: Elkton City Md

Accident or Suicide?

LIBRARY BUREAU A38818

Name in Full: Mary F. Stewart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Dolgh oragan — County: Howard

Date of death: Month: Aug. — Day: 24 — 1904

Age: Years: 33. — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: House duties — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: James Stewart.

Father's Name: not known — Father's Birthplace: —

Mother's Maiden Name: Johanna Thompson — Mother's Birthplace: Md

Name of person giving Information: Isich Thompson — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: One year

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes. — Signature of Physician: W. H. B. Rogers M.D.

Address: Elkridge, Md.

Accident or Suicide?

LIBRARY BUREAU A88616

CERTIFICATE OF DEATH

MARYLAND

Name in Full: James Thompson

Died at: Town: Clarksville; County: Howard

Date of death 1904: Month: Aug.; Day: 22

Age: Years: 78; Months: 7; Days: 25

Sex: Male

Color or Race: White

Birthplace: Md.

Married, Single or Widowed: Single

Occupation: Labour

Name of Wife or Husband:

Father's Name: John Thompson

Father's Birthplace:

Mother's Maiden Name: Sarah Elderdice

Mother's Birthplace:

Name of person giving Information: Chas. O'Donnell

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Insufficiency Cardiac — How long: —

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. L. Cissel

Address: Highland. Md.

Accident or Suicide?

LIBRARY BUREAU A88516